

Foster Family Home - Corrective Action Report

Provider ID: 2-595845

Home Name: Anita Ventura, CNA

Review ID: 2-595845-5

15-1522 28th Avenue

Reviewer: Carol Copeland

Kea'au HI 96749

Begin Date: 10/18/2017

End Date: 10-19-17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit survey performed to recertify three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible for a two year recertification for three clients.

Carol Copeland RN MSN
Compliance Manager

Anita Ventura
Primary Care Giver

10-18-17
Date

10/18/2017
Date